## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D

OMB APPROVAL
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JAN 22 2008

Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DAT	E RECEI	VED				

V 0000 : V 1000 : V		<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>	<del></del>
Name of Offering ( check if this is ar		ie has changed, and	indicate change.)		
Customer Acquisition Network Holdings,			·		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505		Section 4(6)	ULOE
Type of Filing: New Filing	Amendment				
	A. BASIC	IDENTIFICATIO	N DATA		<u> </u>
1. Enter the information requested about the	issuer			: 11	
Name of Issuer ( check if this is an ar	nendment and name h	as changed, and ind	icate change.)		
Customer Acquisition Network Holdings,		•	<b>5</b> /	1111	N BENDATAN TERMANYAN MENANTINI MENANTAN MEN
Address of Executive Offices	(Numbe	er and Street, City, S	State, Zip Code)	Telephone N	08021628
401 E. Las Olas Blvd., Ste. 1560, Ft.	Lauderdale, FL, 3	33301		(248) 910-1000	-
Address of Principal Business Operations		er and Street, City, S	tate, Zip Code)	Telephone Number (	Including Area Code)
(if different from Executive Offices)	•	. • ,		•	J ,
Same as above.					
Brief Description of Business					
Customer Acquisition Network Holding	s. Inc. is a provider	of Internet advert	ising solutions i	for Internet publishe	rs and advertisers
desiring to pay for consumer actions tha				F	
desiring to pay for consumer actions the	to the round	COROLL MIC.			
Type of Business Organization			<del> </del>		
Corporation	☐ limited partne	rship, already forme	-d	Other (pleas	RACESSED
business trust		ership, to be formed		outer (preday a	
		onth Year		<del></del>	IAN 2 D AAAA
Actual of Estimated Date of Incorporation of			ual 🔲 Estimate	.d	IAN 28 2008
					Transcook!
Jurisdiction of Incorporation or Organization				DE	THUMSON
	Civitor Canada; i	N for other foreign	jurisaiction)	DE,	FINANCIAL

## GENERAL INSTRUCTIONS

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested,. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the

, , , , , , , , , , , , , , , , , , ,	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for th				
	the issuer has been organized with	in the past five years;		
	the power to vote or dispose, or dis	rect the vote or disposition of,	10% or more of a cla	ass of equity securities
. of the issuer.				1
Each general and managing page.	ector of corporate issuers and of co	rporate general and managing	partners of partners	nip issuers; and
Check box(es) that Apply: Promo	· · · · · · · · · · · · · · · · · · ·	⊠ Executive Officer	☑ Director	General and/or Managing Partner
Michael Mathews				5 5
Full Name (Last name first, if individua	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	,			
·				
401 E. Las Olas Bivd., Ste. 1560, Ft. L	auderdale, FL, 33301			
·	auderdale, FL, 33301			
401 E. Las Olas Bivd., Ste. 1560, Ft. L	auderdale, FL, 33301			
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe	auderdale, FL, 33301 and Street, City, State, Zip Code)		Director	☐ General and/or
401 E. Las Olas Bivd., Ste. 1560, Ft. L	auderdale, FL, 33301 and Street, City, State, Zip Code)		☐ Director	☐ General and/or Managing Partner
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner		☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply:	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner		☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individual	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner		☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individua 401 E. Las Olas Blvd., Ste. 1560, F	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301	⊠ Executive Officer	☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe  Check box(es) that Apply: Promo  Devon Cohen  Full Name (Last name first, if individual	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301	⊠ Executive Officer	☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individual 401 E. Las Olas Blvd., Ste. 1560, F	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301	⊠ Executive Officer	Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individua 401 E. Las Olas Blvd., Ste. 1560, F Business or Residence Address (Numbe	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301 and Street, City, State, Zip Code)	⊠ Executive Officer	☐ Director	—
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Numbe Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individua 401 E. Las Olas Blvd., Ste. 1560, F Business or Residence Address (Numbe Check box(es) that Apply: Promo	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301 and Street, City, State, Zip Code)	⊠ Executive Officer		Managing Partner
401 E. Las Olas Blvd., Ste. 1560, Ft. L Business or Residence Address (Number Check box(es) that Apply: Promo Devon Cohen Full Name (Last name first, if individual 401 E. Las Olas Blvd., Ste. 1560, F Business or Residence Address (Number	auderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner  t. Lauderdale, FL, 33301 and Street, City, State, Zip Code) er Beneficial Owner	⊠ Executive Officer		Managing Partner

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Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORMA	TION AB	OUT OFF	ERING				
1. Has the	issuer sold,	or does the	issuer inter	nd to sell, to			ors in this o					Yes No
2. What is	the minimu	ım investme	nt that will	be accepted								\$1(see page 5)
3. Does the	e offering p	ermit joint o	ownership o	f a single u	nit?			••••••	••••••			Yes No ☑ □
remune agent o	eration for s of a broker of	on requested solicitation of or dealer reg ed are associ	of purchases gistered with	rs in connec h the SEC a	ction with se nd/or with a	ales of secu a state or sta	rities in the ates, list the	offering. I name of th	f a person t e broker or	o be listed i dealer. If i	is an associ more than	ated person or five (5)
Full Name N/A	(Last name	first, if ind	ividual)			-	-					
Business o	r Residence	e Address (N	Number and	Street, City	, State, Zip	Code)						·
Name of A	ssociated E	Broker or De	ealer									
		n Listed Ha or check ir										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(wv)	[WI]	[WY]	[PR]

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box ☑ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Offered for Exchange	Amount Already Exchanged
Debt		
Equity	<b>\$ 5,950,000</b>	\$ 5,950,000
☐ Common ☐ Preferred		
Convertible Securities (including warrants)		
Partnership Interests		
Other (Specify:		
Total	<b>\$ 5,950,000</b>	<u>\$ 5,950,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero"		Aggregate
	Number	Dollar Amount
A. W. Ar	Investors	of Purchase
Accredited Investors		\$ 5,950,000
Non-accredited Investors.		
Total (for filings under Rule 504 only)		\$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Park C – Question 1	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505	•	\$
Regulation A		\$
Rule 504		s
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	<u>[</u>	] \$ 0
Printing and Engraving Costs		
Legal Fees		
Accounting Fees		
Engineering Fees		
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify): Miscellaneous expenses unknown at this time		] \$ 0
Total		] \$ 0
TOTAL		<u>v</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and t expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds the issuer."	to	\$ <u>5,950,000</u>
i. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer so forth in response to Part C – Question 4.b above.	the	
·	Payments to Off	ficers,
	Directors, Affiliates	•
Salaries and fees.	🗀 \$	_ 🗆 \$
Purchase of real estate	🗀 \$	🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	🔲 \$	🗆 \$
Construction or leasing of plant buildings and facilities	🔲 \$	\$
Acquisition of other businesses (including the value of securities involved in this offering		
that may be used in exchange for the assets or securities of another issuer pursuant to a merger	🗆 \$	<u> </u>
Repayment of indebtedness	🗆 \$	🗆 \$
Working capital	. 🗆 \$	\$

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<sup>&</sup>lt;sup>1</sup> The Issuer did not receive any cash proceeds in connection with the issuance of securities. The securities were issued in exchange for all outstanding shares of a privately held Florida corporation that was acquired by the Issuer on January 4, 2008. All dollar amounts represent the dollar value of the shares issued in connection with the acquisition based on the fair market value of the Issuer's common stock on the date of the acquisition.

	D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accredit	mish to the U.S. Securities and Exchange Commission,	filed under Rule 505, the following upon written request of its staff, the
Issuer (Print or Type) Customer Acquisition Network Holdings, Inc.	Signature Green Grand	Date January 18, 2008
Name of Signer (Print or Type) Bruce Kreindel	Title of Signer (Print or Type) Chief Financial Officer	
Intentional misstatements or omiss	ATTENTION ions of fact constitute federal criminal violation	s. (See 18 U.S.C. 1001.)
	E. STATE SIGNATURE	
I. Is any party described in 17 CFR 230.262 present	tly subject to any of the disqualification provisions of s	Yes No uch rule? □ ☑
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to furn CFR 239.500) at such times as required by state law	nish to any state administrator of any state in which this	notice is filed a notice on Form D (17
<ol><li>The undersigned issuer hereby undertakes to furn offerees.</li></ol>	nish to the state administrators, upon written request, in	formation, furnished by the issuer to
4. The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice burden of establishing that these conditions have be	is familiar with conditions that must be satisfied to be e e is filed and understands that the issuer claiming the av een satisfied.	entitled to the Uniform limited Offering allability of this exemption has the
The issuer has read this notification and knows the cont duly authorized person.	2 /- 1	
Issuer (Print or Type) Customer Acquisition Network Holdings, Inc.	Signature Grendel	Date January 18, 2008
Name of Signer (Print or Type) Bruce Kreindel	Title of Signer (Print or Type) Chief Financial Officer	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEN	DIX				
1	Intent non-ac investo	to sell to ceredited rs in State - Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Туре о	4  Type of investor and amount purchased in State  (Part C – Item 2)				
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	(Part E –	No
AL									
AK									
AZ									
AR									
CA							_		
СО									
СТ									
DE									
DC				· · · · · · · · · · · · · · · · · · ·					
FL		х	\$5,950,000	1	5,950,000	0	0		Х
GA									
ні									
ID									
IL									
IN				<del> </del>			-		
IA									
KS									
KY									
LA									
ME									
MD									
MA							· ·		
MI				······································					

				APPENI	DIX				
1	Intent non-ac investor	to sell to ccredited rs in State - Item 1)	Type of security and aggregate offering price offered in State (Part C – Item 1)	ng tate Type of investor and amount purchased in State					fication te ULOE attach tion of granted)
State	Yes	No	Common Stock	Number of Accredited Investors	Accredited Amount Accredited Amount				No
MN									
MS									
мо									
MT									
NE									
NV							,		
NH							17.12.100.00		
NJ									
NM									
NY									
NC			·						
ND									
ОН									
ок									
OR	:								
PA									
RI									
SC									
SD		. , , , ,							
TN									
TX						-			
UT									
VT							; <u></u>		
VA									

				APPEN	DIX						
1	Intent to sell to non-accredited investors in State (Part B – Item 1)  Type of security and aggregate offering price offered in State (Part C – Item 1)		Intent to sell to non-accredited aggregate offering investors in State price offered in State Type of investor and amount purchased in State				Type of investor and amount purchased in State				
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
WA											
wv		·									
WI											
WY											
PR							•				

END